



## APPLICATION FOR PHYTOSANITARY CERTIFICATE



TO: NEVADA DEPARTMENT OF AGRICULTURE

DATE OF INSPECTION: \_\_\_\_\_

DATE OF ANTICIPATED SHIPMENT: \_\_\_\_\_

<b>Exporter Name and Address</b> (Must be in U.S.)	<b>Ultimate Consignee Name and Address</b> (Must be foreign country destination)
<b>Name of Product:</b>   	
<b>Botanical Name of Product:</b>	<b>Number / Description of Containers:</b>
<b>Distinguishing Marks:</b>    	
<b>Means of Conveyance:</b>	<b>Press Name/Location:</b>
<b>Point of Entry:</b>	<b>Number of Pounds (Statistical Data):</b>
<b>Send Certificate To:</b>	<b>Billing To:</b>

**\*Note: This application must be received by the Department and one (1) full working day is necessary to complete the Federal Phytosanitary Certificate.**